Idaho MIECHV Program Assessment Guide

A guide for Idaho MIECHV home visiting programs.

IDAHO
Maternal, Infant & Early Childhood
Home Visiting Program

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Relationship Assessment Tool (RAT) Guide

Purpose: The Relationship Assessment Tool (RAT) screens for domestic violence. Domestic violence is a pattern of abusive and threatening behaviors used by one person in a relationship, typically to control the other. Violence takes many forms and can happen all the time or once in a while. Children in homes where domestic violence is present are more likely to be abused and/or neglected. Most children in these homes know about the violence. Even when the child is not abused, awareness of or witnessing domestic violence can result in emotional or behavioral problems. Family violence can impact parenting and child development for the short- and long-terms.

Instructions:

- Who should RAT be administered to?
  - All female primary caregivers enrolled in the program
  - The RAT has been validated for female same-sex couples, but has not been validated with men and should not be administered with men
- When should the RAT be administered?
  - Within 3 months of program participation

- Additional instructions:
  - To ensure protection of the participant and the home visitor, complete this form with the participant when their partner is not around, especially if the home visitor suspects abuse. If the participant has limited English or difficulty reading, the home visitor may assist her. Home visitors should remind clients that everything they share is confidential. There are just two things that the home visitor would have to report, if the mom is suicidal, or the children are being harmed.
  - Home visitors may use the "Healthy Moms, Happy Babies: Creating Futures without Violence" and "Loving Parents, Loving Kids: Creating Futures Without Violence" facilitators (also called safety cards) with clients. However, never leave the card with a client without going over it with her first; it may put her at risk if her partner finds it.

Script: Home visitors may want to utilize normalizing language or a prepared script to introduce the RAT or the "Healthy Moms, Happy Babies" safety cards

- "We started giving this card to all of our moms. It talks about healthy and safe relationships."
- "We know that 1 in 4 women in the US experiences family violence sometime throughout her life. We have started giving this card to all of our moms."
- "So many of our moms are struggling in their relationships we have started asking everyone about their partners and how they are being treated…"

Scoring:

- How to score the RAT?
  - Sum the numbers for all 10 questions; the range of the total scores is from 10-60
  - The RAT auto-scores when entered into ETO

Next Step:

- If the participant's score is greater than 19, discuss and complete a ***Safety Plan*** with the participant.

- If the screen is **negative** (<20 points), the home visitor may say: "I'm glad nothing like this is going on for you. Because many women are in unhealthy or abusive relationships, we are giving this card to all our moms so you will know how to help a friend of family member…"
    - If the screen is **positive** (> 19) with their current or prior partner, the home visitor needs to refer families within 2 weeks to appropriate domestic violence services and documents that the referral has been made on the Home Visit Encounter Form.
        - If there is a disclosure of violence, recognition of her situation and validation is important by reducing her sense of shame and encouraging her hope for a better future.
        - Home visitors may offer a referral to a local domestic violence service provider. By having personal knowledge and relationship with the local domestic service provider, your client may feel much more comfortable following through with a referral.
            - For example, the home visitor could say, "If you are comfortable with this idea, I would like to call my colleague at the local program (name here). She is really an expert in what to do next and can talk to you about supports for you and your children that are available in her program."

        - Home visitors may also provide a referral to the national confidential hotline (1-800-799-7233). Home visitors may want to call the national hotline prior to making a referral so they can provide information about their experience calling the national hotline.
            - For example, the home visitor could say, "On the back of the Healthy Moms Happy Babies safety card there are national confidential hotline numbers and the people who work there really care and have helped thousands of women. They are there 24/7 and can help you find local referral too and often can connect you by phone."

    - Within 1 month of using the RAT and determining that a family was at risk for domestic violence, it is also important to develop the safety plan utilizing the Futures Without Violence Safety Plan. Safety planning is designed to assist mothers and children who have experienced domestic violence to think and act in ways that could increase personal safety. Home visitors can also connect clients with local domestic violence advocates to work on safety planning and additional services like housing, legal, support groups, or counseling. A sample safety planning document is available on the Idaho MIECHV program web site: www.homevisiting.dhw.idaho.gov under the "Provider's Tab" in the "Assessment Tools" section.

- If the participant scores less than 20 points then please discuss ***Healthy Relationships*** with the participant.
- Additional safety cards can be ordered at: www.futureswithoutviolence.org/health

Everyday Stressors Index (ESI) Guide

Purpose: The purpose of the Everyday Stressors Index (ESI) is to assess problems faced on a daily basis by low-income mothers with young children. Parental stress has many implications for the physical and emotional growth of a young child. Chronic stress can negatively affect the ways in which a parent responds to her child as well as the parent-child attachment and interaction. Screening for different types of stress helps service providers understand the types of stressors that occur in the primary caregiver's life. The ESI includes 20 items covering five problem areas: role overload, financial concerns, parenting worries, employment problems, and interpersonal conflict.

Instructions:

- Who should ESI be administered to?
  - Primary caregiver enrolled in the program
- When should the ESI be administered?
  - If the participant is enrolling *prenatally*:
    - At one month post-delivery
    - 12 months later and every 12 months thereafter
  - If enrolled *post-partum*:
    - At intake
    - 12 months later and every 12 months thereafter

Script: "We are asking all of our families to provide information about their experience with everyday stressful events. The information you provide will help me to determine what areas we should focus on to help ease some of your stress. There are 20 questions, and it will probably take about 10 minutes for you to finish it."

Scoring:

- General Information:
  - 20 items (measured on a 4-point scale, *not at all bothered = 1; bothered a great deal* = 4)
  - The ESI should be completed by the program participants on their own unless they have problems with English literacy. In that case, the home visitor may help explain items
  - The ESI should take 5-10 minutes to administer.
- How to score the ESI:
  - Scores range from 20-80, and is auto-scored when entered into ETO
  - Sum the score for each item, a higher score represents a higher level of stress
  - In addition to the overall score that indicates whether a program participant is experiencing a lot of stress in any area, examining the subscores for the five Problem Areas summarized in the table below may help home visitors and program participants identify specific areas associated with greater levels of stress
  - Both the total score and the subscores for the five Problem Areas are calculated in ETO
  - Note: The tool is not validated with subscales, the Idaho MIECHV program is testing subscores to as a means to increase relevance and practicality for home visitors.

Problem Areas	ESI Questions
Role Overload	1, 2, 6, 11
Financial Concerns	3, 4, 5, 10
Parenting Worries	9, 12, 14, 17
Employment Problems	7, 8, 19, 20
Interpersonal Conflict	13, 15, 16, 18

For more information about the ESI click here.

Edinburgh Postnatal Depression Scale (EPDS) Guide

Purpose: Postpartum depression is a form of clinical depression which can affect women after childbirth. Symptoms can occur anytime in the first year postpartum and may include social withdrawal, sadness, exhaustion, and feeling inadequate in taking care of the baby. Postpartum depression can impact attachment and child development. By screening women for postpartum depression, home visitors can connect mothers to resources and supports in their community.

Instructions:

- Who should EPDS be administered to?
  - Mothers who enrolled in the program within 45 days of delivery (postpartum) Programs may also elect to screen mothers enrolled after 45 postpartum, especially when depression symptoms seem to be present
- When should the EPDS be administered for evaluation purposes?
  - Within 45 days of delivery ***AND***
  - 6 months post-delivery
  - *Note*: Programs may elect to screen at more other intervals as well
- Additional instructions
  - The client is asked to check the response that comes closest to how she has been feeling in the previous 7 days
  - All items must be completed
  - Care should be taken to avoid possibility of client discussing her answers with others
  - The client should complete the scale herself, unless she has limited English or has difficulty with reading. In this case, the home visitor may facilitate completion of the form by asking the mother the questions.

Scoring:

- General Information
  - Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity
  - A score of 15 could mean the mother has Major Depressive Disorder
  - The scale will not detect anxiety neuroses, phobias or personality disorders
- How to score the EPDS:
  - Questions 1, 2, & 4 are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3
  - Questions 3, 5-10 are reverse scored, with the top box scored as a 3 and the bottom box scored as 0
  - Maximum score: 30
  - Possible Depression: 10 or greater
  - Always look at item 10 (suicidal thoughts)

Next Step:

- When a mother scores a 13, it may be appropriate for the home visitor to discuss with mother resources in her community, benefits of talking with a mental health provider, and the frequency of postpartum depression. When a referral is made, it should be indicated on the home visit encounter form and documented in ETO.
- The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis.
- Women with postpartum depression need not feel alone. They may find useful information on:
  - National Women's Health Information Center: www.4women.gov
  - Postpartum Support International: www.chss.iup.edu/postpartum
  - Depression after Delivery: www.depressionafterdelivery.com

Ages and Stages Questionnaire, Third Edition (ASQ-3) Guide

Purpose: The ASQ-3 is a screening tool designed to identify those infants and young children (ages 1 – 66 months) who may have a developmental delay and be eligible for early intervention or early childhood special education services. In other words, the ASQ-3 is used to screen children to assess if they are or are not displaying typical development for children of their age.

Instructions:

- Who should ASQ-3 be administered to?
  - Target (index) child
- When should the ASQ-3 be administered?
  - If enrolling postpartum
    - Within 6 months of program participation
  - If enrolling prenatally
    - Within 6 months of target child's birth
  - Home visiting programs may elect to screen children using the ASQ-3 more frequently or at additional intervals than required by the MIECHV program.
- Additional instructions:
  - Parents can complete the questionnaire during a home visit in partnership with the home visitor or on their own and share completed form with their home visitor during their next visit. If parent completes the ASQ-3 between home visits, the home visitor should review the screen with the parent during a home visit
  - Items are written at a 4th-6th grade reading level
  - Parents can complete the questionnaire in about 10-15 minutes
  - Parents may be able to complete some items in the ASQ-3 by remembering what they have seen their children do, but parents are encouraged (and some items require parents) to observe their children's behavior directly, sometimes using objects around the house or objects that the home visitor may bring for this purpose
  - There are 21 questionnaires for use between 2-60 months of age, home visitors should ensure use of the appropriate interval for the child's age.

General Information:

- Each ASQ-3 questionnaire consists of 30 developmental items that fall into five areas/subscales:
  - Communication: child's babbling, vocalizing, listening, and understanding
  - Gross Motor: child's arm, body, and leg movements
  - Fine Motor: child's hand and finger movements
  - Problem Solving: child's learning and playing with toys
  - Personal-Social: child's solitary social play and play with toys and other children

Scoring: When scoring, items coded as "yes" receive 10 points; items coded as "sometimes" receive 5 points; and items coded as "not yet" receive 0 points. Thus, each area can total 60 points (6 items x 10 points/item).

Next Step:

- Scoring sheets list a cutoff score for each of the five developmental domains, as well as a range of scores that may indicate some concern
  - If a child's score in one or more domains falls on or below the cutoff and is of concern to the parent/home visitor, it is recommended that the child be referred to the Infant-Toddler program (if not already enrolled in ITP) for further assessment.

- If the child's score in one or more domains falls into the region of concern, it is recommended that the child be monitored (which may mean more frequent screenings than typically recommended), and activities designed to bolster the child's development could be recommended to the parents.
- In addition, if a child has scores above the cutoff score for each area but the parent has indicated a concern in the "Overall" section of the questionnaire, the child could be referred to Infant Toddler Program for additional services, depending upon the judgment of the home visitor/home visiting agency.

Ages and Stages Questionnaire: Social-Emotional (ASQ-SE) Guide

Purpose: The ASQ-SE assesses children's social and emotional competence and is designed to complement the ASQ-3. It is a screening tool that identifies infants and young children (ages 3-66 months) whose social or emotional development requires further evaluation to determine if referral for intervention services is necessary.

Instructions:

- Who should ASQ-SE be administered to?
  - Target (index) child
- When should the ASQ-SE be administered?
  - If enrolling postpartum
    - Within 6 months of program participation
  - If enrolling prenatally
    - Within 6 months of target child's birth
  - Home visiting programs may elect to screen children using the ASQ-SE more frequently or at additional intervals than required by the MIECHV program.
- Additional instructions:
  - Parents can complete the questionnaire during a home visit in partnership with the home visitor or on their own and share completed form with their home visitor during their next visit. If parent completes the ASQ-SE between home visits, the home visitor should review the screen with the parent during a home visit.
  - Each item on a questionnaire asks the parent to rate the frequency with which a child undertakes a particular behavior (i.e., "most of the time," "sometimes," or "rarely or never")
  - Four open-ended questions at the end of each questionnaire explore other parent concerns about their children's social-emotional development
  - Items are written at a 5th-6th grade reading level
  - Parents can complete the questionnaire in about 10-15 minutes.

General Information:

- Each ASQ-SE questionnaire contains developmental items that fall into seven areas:
  - Self-regulation: child's ability or willingness to calm or settle down, or adjust to physiological or environmental conditions/stimulation
  - Compliance: child's ability or willingness to conform to the direction of others and follow rules
  - Communication: child's ability or willingness to respond to or initiate verbal or nonverbal signals to indicate feelings, affective, or internal states
  - Adaptive functioning: child's success or ability to cope with physiological needs (e.g., sleeping, eating, elimination, safety)
  - Autonomy: child's ability or willingness to self-initiate or respond without guidance (i.e., moving to independence)
  - Affect: child's ability or willingness to demonstrate his or her own feelings and empathy for others
  - Interaction with people: child's ability or willingness to respond to or initiate social responses to parents, other adults, and peers.

Scoring: Items are awarded 0, 5, or 10 points, with the higher scores indicating potential concerns. Any item for which the parent indicates a concern is awarded an additional 5 points. Scoring sheets list a cutoff score for the overall measure. This contrasts with the ASQ-3 in two ways:

- The ASQ-3 lists cutoff scores for each developmental domain, whereas the ASQ-SE yields only a single score
- Scores on the ASQ-3 at or below the cutoff indicate children could have a developmental delay, whereas scores **above** the cutoff on the ASQ-SE indicate the child could have a developmental delay.

Next Step:

- On the ASQ-SE, if the total score is above the cutoff, the User's Guide recommends referring the child for diagnostic social-emotional or mental health assessment by the Infant-Toddler program or other medical/mental health provider, or providing the parent with support and continuing to monitor the child using the ASQ-SE.
- If the score is near the cutoff, which indicates the child may have a delay, the recommendation is to refer or provide the parent with information, support, and continued monitoring using the ASQ-SE .
- If the score is below the cutoff, which indicates that the child does not have a delay, then the ASQ-SE could be used again at a regular interval to see if the child continues to develop typically.
- If a child scores below the cutoff score, but the parent has nevertheless indicated a strong overall concern or concern about a specific behavior, then the child could be referred for additional services such as the Infant-Toddler program or other medical/mental health provider, depending upon the judgment of the home visitor/home visiting agency.

NFP Home Observation for Measurement of the Environment (HOME) Guide

Purpose: The HOME is comprised of both an interview and an observation processes that are used "to collect information about the nature and variety of the child's day-to-day experiences and the parenting capacity of the caregivers and to explore a range of other aspects of the child's world and the life of the family. The HOME has been shown to be a good predictor of outcomes for children." It is a well-established tool for assessing children's home environment and is generally well received by families.

Instructions:

- Who should the HOME be administered to?
  - Primary caregivers
- When should the HOME be administered?
  - At 6 months of target child's age (Time 1) ***AND***
  - At 18 months of target child's age (Time 2)
- Additional instructions:
  - Because children age out of the NFP program when they turn 2, only the Infant/Toddler HOME Inventory (intended for use with children aged 0-3 years) should be used
  - Interview procedure
    - Because observation is one-sided, it is important to get additional information from the primary caregiver to account for all aspects of the home environment
    - The home visitor should remain objective, accepting, and non-judgmental
  - Observation procedure
    - It is a good idea to wait until the interview/home visit is completed to try and make a decision as to whether the behavior has actually occurred

Script:

- Informal Interview: "For all participants in the home visiting program we like to understand the kinds of things (the index child's name) does when she/he is at home. A good way to get a picture of what his/her days are like is to have you think of one particular day—like yesterday—and tell me everything that happened to her/him as well as you can remember it. Start with the things that happened when she/he first woke up. It is usually easy to remember the main events once you get started."
- Structured Interview: "I am going to ask you some questions about daily life in your household—things the whole family might do together, trips you take and visitors who come to see you, toys you have for _____ to play with, things _____ likes to do, how you train and discipline _____, and what some of the family routines are—things like that. As I ask them, I may seem to be jumping around from one subject to another. If I go too fast, or if you have any questions, don't hesitate to stop me."

Scoring:

- General Information
  - It is important to keep in mind the wording of the measure. For example, an item such as, "Parent takes child to grocery store," cannot be replaced with, "Parent takes child to the department store."
  - Decisions about scoring must be made from the child's point of view, not the caregiver's points of view. In other words, the home visitor should evaluate:
    - "What is in it for the child?"
    - "What is the child's world like from his or her perspective?"

- For more information, reference the HOME Inventory Administration Manual: Standard Edition.

❖ How to score the HOME:
- Add the "pluses" in each subscale to get the scale score
- Add the scores of the subscales to get the "Total" score
- Scores 2-3 points below the median on any of the subscales (see table below for medians for each subscale) should be considered suspect (see 'Next Step' below)
- Scores 5 points below the median on the Infant-Toddler HOME (total score) should be considered suspect (see 'Next Step' below).

Infant/Toddler (IT) HOME Subscales:	Number of Items	Median Score:
1) Parental Responsivity	11	9
2) Acceptance of Child	8	6
3) Organization of the Environment	6	5
4) Learning Materials	9	7
5) Parental Involvement	6	4
6) Variety in Experience	5	3
Total	**45**	**32**

Next Step:

❖ When a score is below the median subscale score, the home visitor should consider implementing an intervention or providing activities that address that subscale. Examining the patterns of subscale scores for a family may also help the home visitor identify relative strengths and weaknesses in family functioning. This, in turn, may inform the ways in which the home visitor works with individual families ("taking advantages of strengths, striving to bolster areas of weakness").

❖ The 12-month period between the initial HOME (completed at Time 1) and the follow-up HOME (completed at Time 2) should give the home visitors enough time to examine the results of the HOME, plan and implement activities with families, and share information with clients in those areas in which low scores were recorded at Time 1.

❖ The HOME can be recorded in ETO as a participant/client assessment within the Panhandle Health District Site, Nurse Home Visiting program in the Nurse-Family Partnership ETO Enterprise.

EHS Home Observation for Measurement of the Environment (HOME) Guide

Purpose: The HOME is comprised of both an interview and an observation process that are used "to collect information about the nature and variety of the child's day-to-day experiences and the parenting capacity of the caregivers and to explore a range of other aspects of the child's world and the life of the family. The HOME has been shown to be a good predictor of outcomes for children." It is a well-established tool for assessing children's home environment and is generally well received by families.

Instructions:

- Who should the HOME be administered to?
  - Primary caregivers
- When should the HOME be administered?
  - If the client is enrolled prenatally or target child is 6 months or younger at enrollment:
    - At 6 months of target child's age (Time 1) ***AND***
    - At 18 months of target child's age (Time 2)
  - If the target child is older than 6 months at enrollment:
    - At intake (Time 1) ***AND***
    - At 12 months of program participation (Time 2)
- Additional instructions:
  - Because children age out of the EHS program when they turn 3, only the Infant/Toddler HOME Inventory (intended for use with children aged 0-3 years) should be used
  - Interview procedure
    - Because observation is one-sided, it is important to get additional information from the primary caregiver to account for all aspects of the home environment
    - The home visitor should remain objective, accepting, and non-judgmental
  - Observation procedure
    - It is a good idea to wait until the interview/home visit is completed to try and make a decision as to whether the behavior has actually occurred

**Early Head Start: It is important to take age into account when administering the HOME IT at Time 1. Because children age out of the EHS program when they turn 3, the age of the child at Time 1 has to be between 6 months and 24 months. If a child is older than 24 months at Time 1, the child will be older than 3 years at Time 2 (12 months later); consequently, not available for the second administration.*

Script:

- Informal Interview: "For all participants in the home visiting program we like to understand the kinds of things (the index child's name) does when she/he is at home. A good way to get a picture of what his/her days are like is to have you think of one particular day—like yesterday—and tell me everything that happened to her/him as well as you can remember it. Start with the things that happened when she/he first woke up. It is usually easy to remember the main events once you get started."
- Structured Interview: "I am going to ask you some questions about daily life in your household—things the whole family might do together, trips you take and visitors who come to see you, toys you have for _____ to play with, things _____ likes to do, how you train and discipline _____, and what some of the family routines are—things like that. As I ask them, I may seem to be jumping around from one subject to another. If I go too fast, or if you have any questions, don't hesitate to stop me."

Scoring:

- General Information
  - It is important to keep in mind the wording of the measure. For example, an item such as, "Parent takes child to grocery store," cannot be replaced with, "Parent takes child to the department store."
  - Decisions about scoring must be made from the child's point of view, not the caregiver's points of view. In other words, the home visitor should evaluate:
    - "What is in it for the child?"
    - "What is the child's world like from his or her perspective?"
  - For more information, reference the HOME Inventory Administration Manual: Standard Edition.
- How to score the HOME:
  - Add the "pluses" in each subscale to get the subscale score
  - Add the scores of the subscales to get the "Total" score
  - Scores 2-3 points below the median on any of the subscales (see table below for medians for each subscale) should be considered suspect (see 'Next Step' below)
  - Scores 5 points below the median on the Infant-Toddler HOME (total score) should be considered suspect (see 'Next Step' below).

Infant/Toddler (IT) HOME Subscales:	Number of Items:	Median Score:
1) Parental Responsivity	11	9
2) Acceptance of Child	8	6
3) Organization of the Environment	6	5
4) Learning Materials	9	7
5) Parental Involvement	6	4
6) Variety in Experience	5	3
Total	**45**	**32**

Next Step:

- When a score is below the median subscale score, the home visitor should consider implementing an intervention or providing activities that address that subscale. Examining the patterns of subscale scores for a family may also help the home visitor identify relative strengths and weaknesses in family functioning. This, in turn, may inform the ways in which the home visitor works with individual families ("taking advantages of strengths, striving to bolster areas of weakness").
- The 12-month period between the initial HOME (completed at Time 1) and the follow-up HOME (completed at Time 2) should give the home visitors enough time to examine the results of the HOME, plan and implement activities with families and share information with clients in those areas in which low scores were recorded at Time 1.
- The HOME can be recorded in ETO as a participant/client assessment within the Early Head Start program.

PAT Home Observation for Measurement of the Environment (HOME) Guide

Purpose: The HOME is comprised of both an interview and an observation process that are used "to collect information about the nature and variety of the child's day-to-day experiences and the parenting capacity of the caregivers and to explore a range of other aspects of the child's world and the life of the family. The HOME has been shown to be a good predictor of outcomes for children." It is a well-established tool for assessing children's home environment that is generally well received by families.

Instructions:

- Who should the HOME be administered to?
  - Primary caregivers
- When should the HOME be administered?
  - If the client is enrolled prenatally or target child is 6 months or younger at enrollment:
    - At 6 months of target child's age (Time 1) ***AND***
    - At 18 months of target child's age (Time 2)
  - If the target child is older than 6 months at enrollment:
    - At intake (Time 1) ***AND***
    - At 12 months of program participation (Time 2)
- Additional instructions:
  - For children who are 3 years of age or younger, complete the Infant/Toddler HOME Inventory (intended for use with children aged 0-3 years)
  - For children who are older than 3 years of age, complete the Early Childhood HOME Inventory (intended for use with children aged 3-6 years)
  - Interview procedure
    - Because observation is one-sided, it is important to get additional information from the primary caregiver to account for all aspects of the home environment
    - The home visitor should remain objective, accepting, and non-judgmental
  - Observation procedure
    - It is a good idea to wait until the interview/home visit is completed to try and make a decision as to whether the behavior has actually occurred

**Parents as Teachers: It is important to take age into account when administering the HOME at Time 1. Because children age out of the EHS program when they turn 5, the age of the child at Time 1 has to be between 6 months and 48 months. If a child is older than 48 months at Time 1, the child will be older than 5 years at Time 2 (12 months later); consequently, not available for the second administration.*

Script:

- Informal Interview: "For all participants in the home visiting program we like to understand the kinds of things (the index child's name) does when she/he is at home. A good way to get a picture of what his/her days are like is to have you think of one particular day—like yesterday—and tell me everything that happened to her/him as well as you can remember it. Start with the things that happened when she/he first woke up. It is usually easy to remember the main events once you get started."
- Structured Interview: "I am going to ask you some questions about daily life in your household—things the whole family might do together, trips you take and visitors who come to see you, toys you have for _____ to play with, things _____ likes to do, how you train and discipline _____, and what some of the family routines are—things like that. As I ask them, I

may seem to be jumping around from one subject to another. If I go too fast, or if you have any questions, don't hesitate to stop me."

Scoring:

- General Information
  - It is important to keep in mind the wording of the measure. For example, an item such as, "Parent takes child to grocery store," cannot be replaced with, "Parent takes child to the department store."
  - Decisions about scoring must be made from the child's point of view, not the caregiver's points of view. In other words, the home visitor should evaluate:
    - "What is in it for the child?"
    - "What is the child's world like from his or her perspective?"
  - For more information, reference the HOME Inventory Administration Manual: Standard Edition.
- How to score the HOME:
  - Add the "pluses" in each subscale to get the scale score
  - Add the scores of the subscales to get the "Total" score
  - Scores 2-3 points below the median on any of the subscales (see table below for medians for each subscale) should be considered suspect (see 'Next Step' below)
  - Scores 5 points below the median on the Infant-Toddler HOME (total score) should be considered suspect (see 'Next Step' below)
  - Scores 7-8 points below the median on the Early Childhood HOME (total score) should be considered suspect (see 'Next Step' below).

Infant/Toddler (IT) HOME Subscales:	Number of Items:	Median Score:
1) Parental Responsivity	11	9
2) Acceptance of Child	8	6
3) Organization of the Environment	6	5
4) Learning Materials	9	7
5) Parental Involvement	6	4
6) Variety in Experience	5	3
Total	**45**	**32**

Early Childhood (EC) HOME Subscales:	Number of Items:	Median Score:
1) Learning Materials	11	8
2) Language Stimulation	7	6
3) Physical Environment	7	6
4) Parental Responsivity	7	6
5) Learning Stimulation	5	4
6) Modeling of Social Maturity	5	3
7) Variety in Experience	9	8
8) Acceptance of Child	4	4
Total	**55**	**40**

Next Step:

- When a score is below the median subscale score, the home visitor should consider implementing an intervention or providing activities that address that subscale. Examining the patterns of subscale scores for a family may also help the home visitor identify relative strengths and weaknesses in family functioning. This, in turn, may inform the ways in which the home visitor works with individual families ("taking advantages of strengths, striving to bolster areas of weakness").
- The 12-month period between the initial HOME (completed at Time 1) and the follow-up HOME (completed at Time 2) should give the home visitors enough time to examine the results of the HOME, plan and implement activities with families, and share information with clients in those areas in which low scores were recorded at Time 1.
- The HOME can be recorded in ETO as a participant/client assessment within the Panhandle Health District Site, Nurse Home Visiting program in the Nurse-Family Partnership ETO Enterprise.

Protected Factor Survey (PFS) Guide - Optional

Purpose: The Protected Factor Survey is given to caregivers of children under the age of five and to identify factors that increase the likelihood of success in a family in the home visiting program. The PFS is a pre-post evaluation tool for use with caregivers receiving child maltreatment prevention services. It is a self-administered survey that measures protective factors in five areas:

- Family Functioning/Resiliency: Family's ability to solve problems and adapt in times of crisis
- Social Support: Perception of emotional support provided by friends, family, or neighbors
- Concrete Support: Perception of goods available to provide coping strategies in times of crisis
- Nurturing and Attachment: The emotional bond between parent and child over time
- Knowledge of Parenting/Child Development: Parents' age-appropriate managing techniques and expectations of abilities of the child

The survey can provide administrators with:

- a quick look at the situation the family is currently in
- an overview of changes in protective factors over time
- an ability to identify areas of improvement to restore protective factors

Instructions:

- Who completes the PFS?
  - Primary caregivers
- When should the PFS be administered?
  - If the woman is pregnant at intake:
    - Within 4 visits after baby's birth
    - At exit or 12 months of program participation, whichever comes first
  - If the woman is not pregnant at intake:
    - At intake
    - At exit or 12 months of program participation, whichever comes first
- Additional instructions:
  - Introduce the survey by reading the introductory statement to the participants (*found on the following page of this document)
  - Review general survey instructions with participants (**found on the following page of this document)
  - All questions regarding a child should be answered with only target child in mind
  - If participants have questions about specific items, home visitor should provide assistance
  - If there were any unusual circumstances surrounding the survey administration, staff should note that on the survey

Interpreting Scores: The purpose of the PFS is to determine areas of strengths and needs for each family. The goal is continuous improvement over time, which is the reason why the PFS is given more than once. By looking at the scores, you will be able to identify specific areas of focus for upcoming visits. The PFS auto-scores when inputting into ETO.

Note: As of April, 11, 2013, administering the PFS is optional.

***What the home visitor can say when introducing the survey**

"I am going to ask you to complete a survey. This survey will help us better understand the needs of the families we serve. We want to provide the best services that we can to all of our parents and families, and this is one way to help us keep on track. The survey contains questions about your experiences as a parent and your outlook on life in general."

"You will not lose services or be penalized in any way if you prefer not to complete the survey or to answer some of the questions."

"All of the information that you share with us will be kept confidential and you do not have to put your name anywhere on the survey. The services you receive will not be affected by any answers that you give us in this survey."

"Do you have any questions at this point?" *(Answer questions)*

****What the home visitor can say when reviewing instructions with participants**

"The second section asks about your parenting experiences and your general outlook on life. Please remember that this is not a test, so there are no right or wrong answers. You should choose the best answer for you and your family. "

"You will notice that the answer choices are on a number scale. Please respond by circling the number that best describes your situation. If you do not find an answer that fits perfectly, circle the one that comes closest."

"There is one section in the survey that asks you to focus on the child that you hope will benefit most from your participation in our services. For these questions, it is important that you answer only with that child in mind. Please remember to fill in the space with the child's age so that we can better understand your responses."

"When you are finished with the survey you can hand it back to me. If at any time you have questions about the survey, just let me know and I can help you."

Working Alliance Inventory (WAI) Guide

Purpose: The purpose of this inventory is to assess how home visitors and program participants rate their level of collaboration in establishing a bond, creating goals, and identifying tasks to reach those goals. The Working Alliance Inventory (WAI) has been demonstrated to predict outcomes resulting from the working alliance between home visitors and families. This information is crucial because it shows the degree to which the home visitor and the primary caregiver agree on the quality of the working relationship.

Instructions:

- Who should complete the WAI?
  - Primary caregiver – Client Version (at Time 1 AND Time 2)
    - Initial WAI Client Version completed at Time 1
    - Final WAI Client Version completed at Time 2
  - Home Visitor – Home Visitor Version (at Time 1 AND Time 2)
    - Initial WAI Home Visitor Version completed at Time 1
    - Final WAI Home Visitor Version completed at Time 2
- When should the WAI be completed?
  - Time 1: Intake (3-5 weeks of program participation) ***AND***
  - Time 2: One year (or termination of services, whichever comes first)

Script: "We are asking each of our families to provide feedback about their experience working with each home visitor. The WAI will be given one more time after we have been working together for one year or if you choose to leave the program, whichever comes first. I will not be able to see your answers at any time, so feel free to be honest."

Additional instructions:

- Working Alliance Inventory-Home Visiting Short Form Home Visitor Version (Initial *and* Final) – to be **completed by the home visitor** for each client (primary caregiver)
  - Complete a separate WAI for each client that you serve
  - Enter the ID number of the client (primary caregiver) in the designated space in the upper left-hand corner of the assessment sheet
  - Enter the date the inventory was completed in the designated space in the upper right-hand corner of the assessment sheet
  - Please place the completed WAI in a sealed envelope marked "WAI" and place the envelope in the client's file. Please also write the date the WAI was completed on the envelope
- Working Alliance Inventory-Home Visiting Short Form Client Version (Initial *and* Final) – to be **completed by the client** (primary caregiver)
  - Enter the ID number of the client (primary caregiver) in the designated space in the upper left-hand corner of the assessment sheet
  - Enter the date the inventory was completed in the designated space in the upper right hand corner of the assessment sheet
  - Please reassure the client the home visitor will not be able to see answers provided by the client and that the sealed envelope containing the inventory will be delivered to the evaluation team at BSU
  - Make sure that the client has some privacy while completing the inventory (e.g., the client may go into a separate room in her/his home to complete the inventory in

privacy) or the client can complete the WAI between visits for the home visitor to pick up during the next visit
    - Please give the WAI (Client Version) to the client along with an envelope and ask her or him to:
        - complete the inventory
        - place it in the envelope provided by home visitor
        - seal the envelope before giving it back to the home visitor
    - Write "WAI" and the date the WAI was completed on the envelope and place it in the client file
- The WAI instruments are not to be entered into the ETO database. All WAI instruments should be placed in the clients' files for later retrieval by the evaluation team.
- There should be a total of four WAI forms for each primary caregiver (see the "Who should complete the WAI" section above).

The home visitor should NOT review the Client Version of the WAI after completion by the program participant.

Family Program Support Outcomes Survey (FSPOS) Guide

Purpose: The Family Support Program Outcome Survey (FSPOS) is generic in nature and looks at broad outcomes that are likely shared across programs or home visiting models. It asks clients to rate changes that occurred as a result of receiving family support services. The survey consists of both rating and short answer responses to items related to prevention factors such as access to formal and informal support systems, parenting skills, advocacy and ability to meet basic needs.

Instructions:

- Who should FPSOS be administered to?
  - Primary caregiver
- When should the FPSOS be administered?
  - At exit if the participant was enrolled for more than 6 months
  - If the participant was not enrolled for at least 6 months, do not administer the FSPOS
  - The FSPOS can be given when the participant is planning to discharge and does not have to be given on the final visit; it can be given on the 2nd or 3rd to last visit.

Script: "We are asking all of the families to provide feedback about their experience in the home visiting program. Your feedback is important to so we improve services when necessary and share client feedback with partners. The survey will take approximately 10 minutes to complete and there are no wrong answers. Questions 1-7 are based on your thoughts and perspective before starting the home visiting program, and your thoughts and perspective now that you are completing the home visiting program."

Additional instruction:

- Family Support Program Outcome Survey Cover Sheet – to be completed by the home visitor for each client (primary caregiver) served by the home visitor
  - Instructions for the home visitor:
    - Complete a separate FSPOS Cover Sheet for each client you serve. Place the completed FSPOS Cover Sheet in the client's file
- Family Support Program Outcome Survey – to be completed by the client (primary caregiver)
  - Instructions for the home visitor:
    - Review the instructions for the survey, even if primary caregivers are filling it out by themselves (e.g., program participants should be instructed to answer questions 1-7 twice –once from the perspective of how they felt before entering the program and again from the perspective of how they feel now. Make sure respondents understand the anchors of the scale, in which "1" is a strong disagreement and "7" is a strong agreement)
    - Enter primary caregiver's ID number in the designated space on Page 1 of the survey before you give the survey to the primary caregiver. Give the survey to the client along with an envelope and ask her/him to complete the survey, place it in the envelope provided by you, and seal the envelope before giving it or sending it back to you.
    - The client should have the options to complete the FSPOS:
      - With the home visitor's assistance during the last few visits
        - If client struggles with literacy, the home visitor may assist client to complete the FSPOS
      - Without the home visitor's assistance during the last few home visits
        - If the client chooses this option, the home visitor should make sure that the client has some privacy while completing the

survey—e.g., the client may go into a separate room in his/her home to complete the survey in privacy or between home visits.

- After the last home visit has been completed
    - In the event that the client completes the survey after the last home visit has been completed, she or he should be asked to mail the survey to the program office in a self-addressed envelope provided by the home visiting program.

- Make sure that the client knows that the home visitor will not be able to see the answers provided by the client (should they choose to complete it without the assistance of the home visitor) and that the sealed envelope containing the inventory completed by the client will be delivered to the evaluation team at BSU. Place the sealed envelope in the client's file. Please write "FSPOS" and the date (if known) the FSPOS was completed on the envelope before placing it in the client's file.

The FSPOS instruments are not to be entered into the ETO database. All FSPOS instruments should be placed in the clients' files for later retrieval by the evaluation team.

NFP Home Visiting Rating Scale-Adapted & Extended (HOVRS-A+) Guide

Purpose: HOVRS-A+ is an observational tool designed to assess the quality and content of home visits through direct observations of home visits by supervisors. Home visitors may also review the 30 minute clip of their home visit and complete the HOVRS-A+. One of the main purposes of HOVRS-A+ is to identify individual and program strengths and training needs, in addition to identifying families who are challenging to serve and homes in which the home visitors may require extra support.

Instructions:

- Who should HOVRS-A+ be administered to?
  - Supervisors complete the measure alone while reviewing a home visit or a 30 minute clip of a home visit. After the HOVRS-A+ has been scored, the supervisor should review the form with the home visitor
    - Complete with at least 5 program participants for each home visitor at Time 1*
    - Complete with the same program participants at Time 2
- When should the HOVRS- A+ be administered?
  - Clients enrolled prenatally
    - 4 months of the target child's age **(Time 1)** ***AND***
    - 12 months after the initial HOVRS-A+ has been completed **(Time 2)**

Scoring:

- General Information
  - The home visitor and supervisor are to review a 30 minute section of the session.
  - All items are scored on a point scale: 1=inadequate; 3=adequate; and 5=good; and 7=excellent. Scale points 2, 4, and 6 are not used for scoring purposes.
  - It is essential that the HOVRS-A+ be completed with the same program participants at each time point. Because some participants will drop out, it is necessary to complete the initial HOVRS-A+ with at least five program participants within the first four months of program participation. We hope that at least three program participants will remain in the program long enough to complete the second HOVRS-A+ 12 months later.

Next Step:

- The 12-month period between the initial HOVRS-A+ and the follow-up HOVRS-A+ should give the supervisor and the home visitors enough time to examine the data, evaluate strengths and training needs, plan and arrange training, implement what has been learned in the training, and consistently integrate new practices into home visits with families.
- The HOVRS-A+ can be recorded in ETO as an entity assessment within the Nurse-Family Partnership program in the North Idaho site of Idaho MIECHV program ETO Enterprise.

EHS Home Visiting Rating Scale-Adapted & Extended (HOVRS-A+) Guide

Purpose: HOVRS-A+ is an observational tool designed to assess the quality and content of home visits through direct observations of home visits by the home visitor and their supervisors. One of the main purposes of HOVRS-A+ is to identify individual and program strengths and training needs, in addition to identifying families who are challenging to serve and homes in which the home visitors may require extra support.

Instructions:

- Who should HOVRS-A+ be administered to?
  - Supervisors complete the measure alone while reviewing a home visit or a 30 minute clip of a home visit. Home visitors may also review the 30 minute clip of their home visit and complete the HOVRS-A+. After the HOVRS-A+ has been scored, the supervisor should review the form with the home visitor
    - Complete with at least 5 program participants for each home visitor at Time 1*
    - Complete with the same program participants at Time 2
- When should the HOVRS- A+ be administered?
  - Clients enrolled prenatally
    - 4 months of the target child's age **(Time 1)** ***AND***
    - 12 months after the initial HOVRS-A+ has been completed **(Time 2)**
  - Client enrolled postpartum
    - 4 months of program participation **(Time 1)** ***AND***
    - 12 months after the initial HOVRS-A+ has been completed **(Time 2)**

**Early Head Start: It is important to take age into account when administering the HOVRS- A+ at Time 1. Because children age out of the EHS program when they turn 3, the age of the child at Time 1 has to be between 4 months and 24 months. If a child is older than 24 months at Time 1, the child will be older than 3 years at Time 2 (12 months later); consequently, not available for the second administration.*

Scoring:

- General Information
  - The home visitor and supervisor are to review a 30 minute section of the session.
  - All items are scored on a point scale: 1=inadequate; 3=adequate; and 5=good; and 7=excellent. Scale points 2, 4, and 6 are not used for scoring purposes.
  - It is essential that the HOVRS-A+ be completed with the same program participants at each time point. Because some participants will drop out, it is necessary to complete the initial HOVRS-A+ with at least five program participants within the first four months of program participation. We hope that at least three program participants will remain in the program long enough to complete the second HOVRS-A+ 12 months later.

Next Step:

- The 12-month period between the initial HOVRS-A+ and the follow-up HOVRS-A+ should give the supervisor and the home visitors enough time to examine the data, evaluate strengths and training needs, plan and arrange training, implement what has been learned in the training, and consistently integrate new practices into home visits with families.
- The HOVRS-A+ can be recorded in ETO as an entity assessment within the Early Head Start program.

PAT Home Visiting Rating Scale-Adapted & Extended (HOVRS-A+) Guide

Purpose: HOVRS-A+ is an observational tool designed to assess the quality and content of home visits through direct observations of home visits by supervisors. One of the main purposes of HOVRS-A+ is to identify individual and program strengths and training needs, in addition to identifying families who are challenging to serve and homes in which the home visitors may require extra support.

Instructions:

- Who should HOVRS-A+ be administered to?
  - Supervisors complete the measure alone while reviewing a home visit or a 30 minute clip of a home visit. Home visitors may also review the 30 minute clip of their home visit and complete the HOVRS-A+. After the HOVRS-A+ has been scored, the supervisor should review the form with the home visitor
    - Complete with at least 5 program participants for each home visitor at Time 1*
    - Complete with the same program participants at Time 2
- When should the HOVRS- A+ be administered?
  - Clients enrolled prenatally
    - 4 months of the target child's age **(Time 1)** ***AND***
    - 12 months after the initial HOVRS-A+ has been completed **(Time 2)**
  - Clients enrolled postpartum
    - 4 months of program participation **(Time 1)** ***AND***
    - 12 months after the initial HOVRS-A+ has been completed **(Time 2)**

**Parents as Teachers: It is important to take age into account when administering the HOVRS- A+ at Time 1. Because children age out of the PAT program when they turn 5, the age of the child at Time 1 has to be between 4 months and 48 months. If a child is older than 48 months at Time 1, the child will be older than 5 years at Time 2 (12 months later); consequently, not available for the second administration.*

Scoring:

- General Information
  - The home visitor and supervisor are to review a 30 minute section of the session.
  - All items are scored on a point scale: 1=inadequate; 3=adequate; and 5=good; and 7=excellent. Scale points 2, 4, and 6 are not used for scoring purposes.
  - It is essential that the HOVRS-A+ be completed with the same program participants at each time point. Because some participants will drop out, it is necessary to complete the initial HOVRS-A+ with at least five program participants within the first four months of program participation. We hope that at least three program participants will remain in the program long enough to complete the second HOVRS-A+ 12 months later.

Next Step:

- The 12-month period between the initial HOVRS-A+ and the follow-up HOVRS-A+ should give the supervisor and the home visitors enough time to examine the data, evaluate strengths and training needs, plan and arrange training, implement what has been learned in the training, and consistently integrate new practices into home visits with families.
- The HOVRS-A+ can be recorded in ETO as an entity assessment within the Parents as Teachers program.